

## Appointment of Principal Campaign Committee

TYPONE

State

Office Sought (include district or circuit number, if applicable)

Address of the Committee (street or post office box)

1600 WARRIOR KDAD

Full Name of Candidate

City

Signature of Apr

Where to file this form ....

fcpa.alabamavotes.gov

County candidates must file electronically at

FILED IN OFFICE PROBATE COURT

2 REC'D

JAMES P. NAFTEL, II Judge of Probate

ASTRICT R

Telephone Number

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021079937 Pages: 1 of 1 I certify this instrument filed on 7/12/2021 12:28 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: NICOLE

Please print in ink or type. This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation independent candidate.

## Type of Committee (check one)

I appoint myself as the sole member of my principal campaign committee.

I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

ZIP Code

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the

possibility of death o	or incapacitation of the candidate.	
	Chairperson	
Full Name	Email Address	
Address (street or pos	st office box)	
City		
City	State ZIP Co	ode
Signature of Appointed		<del>-</del>
algilatare et rippelifice	<b>.</b>	
	Committee Momber	
Full Name	Committee Member	
ruii ivairie	Email Address	
Address (street or post	t office box)	
City	State ZIP Co	de
Signature of Appointee	<del>)</del>	
<u> </u>		
	Committee Member	
Full Name	Email Address	•
Address (street or post	t office box)	
City		
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Shelby Cnty Judge of Probate, AL

State candidates file with the Office of the Secretary of State.\*

Municipal candidates file with the county judge of probate.

\* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

08/17/2021 11:30:57 AM FILED/CERT

## Treasurer Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee

Full Name	Em	ail Address	
Address (street or post of	office box)		
City	State	ZIP Code	
Signature of Appointee		<u> </u>	

Committee	Dissolution Designee
Full Name	Email Address
Sucena	B. Clark
Address (street or post office box	<u>()</u>
917 Dana	Drive
City	State ZIP Code
Fairfield	AL 35064
Signature of Appointee	
Sucena	B. Clark

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Central Rolannon
Signature of elected official or candidate